



August 16, 2019

Web Announcement 1949

Limitations for Procedure Code H2011 (Crisis Intervention Service) – Three Occurrences Allowed within 90 Rolling Days

Per Medicaid Services Manual (MSM) Chapter 400, Section 403.6H.3, effective November 17, 2017, the service limitation for procedure code H2011 (Crisis intervention service, per 15 minutes) with or without modifiers GT or HT is a maximum of four hours per day. Receipt of any units of H2011 within a three-day period counts as one occurrence per recipient without a prior authorization (PA), and a maximum of three occurrences over a 90-day period per recipient without a PA.

Prior authorization is required to exceed these limitations for either of the following:

Billing provider type (PT) 14 (Behavioral Health Outpatient Treatment); PT 17 (Special Clinics); PT 26 (Psychologist); or PT 82 (Behavioral Health Rehabilitative Treatment) and rendering PT 14 specialties 300, 305, 306 and 307; PT 17 specialty 188; PT 26; or PT 82 specialty 300.

Or

Billing PT 14 and rendering PT 20 Physician, M.D., Osteopath, D.O.

Effective with claims submitted on or after August 19, 2019, claims submitted by the above provider types will deny with **error code 5695 (Three occurrences allowed within 90 rolling days)** when the limitation is exceeded without a PA.

Claims with dates of service on or after November 18, 2017, and submitted before August 19, 2019, that paid in error will be automatically reprocessed at a later date. Future web announcements will notify providers when claims will be reprocessed.

See [Web Announcement 1898](#) for information regarding error code 5694 (16 units allowed per day) related to procedure code H2011.